

Case report

Proving possession of drugs in so-called body stuffers

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Abstract

In 2001 a new policy for dealing with drug traffickers was introduced in Hamburg. Any person suspected of having swallowed drugs in order to hide the evidence is taken to the Institute of Legal Medicine where the drugs will be recovered by pharmacologically induced vomiting. This method has proved to be safe and successful as drugs were recovered in nearly two-thirds of the cases. The offenders were predominantly male Africans 16–25 years old.

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1. Introduction

Drug-related crime makes up a large proportion of criminal offences from juveniles and young adults⁵. In most cases there is no victim; therefore, these criminal offences are often not recorded and are rarely punished. Accordingly, in most cases the number of offences reported in the official statistics is determined by the intensity of control by the police.

Drug dealing is a very important area within drug-related crime. Dealers who sell drugs in public often conceal them in the oral cavity so that they can be quickly swallowed when approached by the police. The dealers using this form of concealment are called body stuffers. The risk profile of intoxication from the swallowed drugs in the medical management of body stuffers^{3,6–8} must be distinguished from so-called body packers (mules) who smuggle large quantities of drugs in containers in their bowels over long distances and across national borders.

With the conventional criminalistic methods previously used, which involved conventional X-ray, CT-scanning,

and ultrasonography, the possession of drugs could not be proven in such cases of suspected body stuffers.

In some German cities the authorities decided to remedy the problem by forcing persons suspected of being body stuffers to vomit in order to recover swallowed drugs (“balls”, containers; Fig. 1) from the stomach contents. This method has been practised successfully in German cities such as Frankfurt or Bremen, since the middle of the 1990s and since August 2001, this procedure has also been introduced in Hamburg. But the public prosecutor can only order vomiting to be induced if a suspicious swallowing action has been observed by the police. The decision to induce vomiting also depends on the age of the suspect and on whether a police record or convictions for similar offences are known.

Suspects are taken to the Institute of Legal Medicine at the University Hospital Hamburg–Eppendorf and examined by an experienced forensic physician in order to exclude any medical contraindications for the use of an emetic.

According to German law a suspect does not need to do something which will incriminate himself, therefore, nobody can be forced to drink the emetic (ipecacuanha). But a suspect has to comply with the enforcement procedure and a nasogastric tube can be inserted against his will to administer the emetic directly into the stomach. If he

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Fig. 1. Swallowed drug containers recovered by the use of emetics.

cooperates, the suspect can choose to drink the emetic or voluntarily provoke vomiting.

Before being introduced into routine practice there were serious doubts about the medical safety of this method. In particular, aspiration and reflexogenic cardiac arrest, caused by stimulation of the vagus nerve by the nasogastric tube or by the vomiting were discussed as possible complications. However, they are only likely to arise when treating persons suffering from reduction of consciousness and such persons are exempted from this procedure. Therefore, these complications are not likely to be expected.

Before the emetic is administered a detailed general medical examination is performed. This must be carried out quickly because induction of vomiting should occur within less than 2 h after the drugs were swallowed. After this period, the probability of successful recovery decreases rapidly and when the suspect arrives at the Institute of Legal Medicine, nearly 30–60 min have already passed.

Defecation control has been suggested as a less invasive alternative for the suspect, but this method requires that the suspect stays in police custody for several days under constant control. As this would be an even greater infringement of basic rights, it cannot therefore generally be considered as a more acceptable method.¹ Moreover, it has to be taken into consideration that the drugs in the gastrointestinal tract are in unprofessionally wrapped containers. This implicates the danger of a sudden release and resorption of highly toxic substances in life-threatening concentrations (compare⁴).

Endoscopy has also been discussed as a less invasive alternative. However, this is not practicable against the will of the suspect, so it does not even qualify as a possible

method. Additionally, if the suspect could choose between vomiting and gastroscopy he might misuse the freedom of choice, for example, by demanding time to make up his mind and the period during which the vomiting or gastroscopy could be successful might expire. Therefore, giving the suspect the choice of an alternative to induced vomiting is also not practicable.

2. Materials and methods

Between August 2001 and July 2003, the administration of emetics (ipecacuanha juice) to suspected drug dealers was ordered by mandate of the public prosecutor in 272 cases, all of which were conducted at the Institute of Legal Medicine in Hamburg. The order was actually implemented in 244 cases. The data from the Institute of Legal Medicine are the basis for this study.

3. Results

In 28 cases out of 272 the order was not enforced for several reasons. In six cases there was a medical contraindication, and in 22 cases the police withdrew the order when the suspect voluntarily removed the drugs from the oral cavity.

In the remaining 244 cases the enforcement was carried out and was successful 158 times (64.8%), which is comparable with the results from Bremen.² There are several possible reasons for the failure in the remaining 86 cases, but the exact cause cannot be ascertained in each instance. Sometimes there were several potential explanations, one of which was that the suspect did not swallow any drugs, as proved in some cases by a defecation control.

Another possible reason for failure is that the time between swallowing and vomiting might have been so long that the drugs had already passed the pylorus. In some cases it was recorded that the suspect had drunk much more water during the procedure than he vomited later on. Consequently, it is possible that a part of the contents of the stomach, including the swallowed drugs, remained in the gastrointestinal tract. It was also suggested that the suspected dealers might have consumed antiemetics such as metoclopramide (MCP) to prevent themselves from vomiting, but this theory has not yet been proven. In such cases a defecation control would ascertain whether this is really the case.

Data about some characteristics of the suspects have also been evaluated. During the period in question, there were only three female suspects (1.1%). The age structure follows the characteristic features of official statistics for drug-related criminal offences. Most of the suspects were aged between 18 and 21 (99 persons, 36.4%), 61 were aged between 21 and 25 (22.4%) and 57 between 16 and 18 (21%). Only 19 persons (7%) were older than 30 years and in 18 cases (7%) no data were available on the age.

The age data of the suspects may not be correct as they often tried to avoid arrest by declaring themselves younger

than they actually were. An exact forensic determination of the age is not possible in such cases and only a minimum age can be defined by examination of the sexual maturity and development of the teeth. This assumed age of the suspects is the basis for this study but the real age is assumed to be higher. The country of origin of the suspects could not always be established, but 225 persons (82.7%) certainly originated from Africa and 23 persons (8.5%) from Europe. In those cases where it was certain, the country of origin was Sierra Leone, Burkina Faso or Burundi.

Most of the dealers did not take drugs themselves and only 53 persons (19.7%) were consumers. Of these 53, the majority consumed cannabis, in some cases in combination with other drugs, for example, cocaine or crack-cocaine and only less than 2% took heroin. These findings suggest that the proportion of dealers who consume drugs themselves has dropped, as in previous studies 71% were found to be consumers.⁴

Before the use of emetics was introduced there was discussion as to whether this procedure might be too dangerous. So far there have been two fatalities in Germany that were related to this procedure: in December 2001 a suspect was brought to the Institute of Legal Medicine in Hamburg and after administration of ipecacuanha through a nasogastric tube, the suspect suffered a cardiac arrest. Cardiopulmonary resuscitation was successful but brain death was diagnosed 3 days later. Forty-two drug containers were removed from the stomach. The autopsy revealed a previously unknown fatal cardiomyopathy and therefore the administration of the emetic was not the reason for the fatal outcome which was probably caused by the psychosomatic stress in the course by the police.

The second fatal case occurred in Bremen in 2005 but the files on this case have not yet been closed.

4. Discussion

Pharmacologically induced vomiting enables the police to recover the evidential material even if a drug dealer has swallowed the drugs concealed in his oral cavity. There is no reasonable alternative to the administration of emetics because controlled defecation and gastroscopy have too many disadvantages. Moreover, the consequences of this method are minimal and it is not as dangerous as initially thought. In most cases there were no complications or only minor medical complaints. One fatality in Hamburg (in

December 2001) was caused by a pre-existing heart disease without direct correlation to the induction of vomiting and the second case in Bremen (in January 2005) has not yet been concluded. Lessons learned from adverse incidents with 16 fatalities after internal drug concealment drawn from 43 drug-related deaths in custody in England and Wales between 1997 and 2002⁴ led to the conclusion that suspected swallowers of inappropriately wrapped drugs should be dealt with very carefully. Vomiting is a medically acceptable or even indicated option for such a situation. From the viewpoint of police control, this procedure of induced vomiting proved to be successful as this method of concealing drug in the oral cavity has been eradicated from the central parts of Hamburg. In spite of these facts the judicial question remains whether the end justifies the means. Overall pharmacologically induced vomiting proved to be an effective means for the restriction and abolishment of this form of public drug dealing in Hamburg and consequently the frequency of these actions has been considerably reduced. The European Court of Human Rights held a High Court hearing in a case of the administration of emetics by force from Düsseldorf, Germany, and about the use of evidence thus obtained on 23 November 2005 (application no. 54810/00). Perhaps the jurisdiction of the High Court will set a precedent on induced vomiting in general with respect to the European Convention of Human Rights.

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